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August 12, 2017

William Applegate
Yarborough, Applegate, LLC
291 East Bay Street, Second Floor
Charleston, South Carolina 29401

RE: Rene Cardoso

I. Introduction:

This case was referred to evaluate Mr. Rene Cardoso's vocational potential and future life care/medical needs. Conclusions and recommendations in this report have been developed based on review of the medical evidence provided, clinical intake interview, consultation with Dr. Taub, consultation with Dr. White, research, and further analysis. Mr. Cardoso was originally evaluated on May 18, 2015 and a report and life care plan was submitted on July 27, 2015. This report serves to update opinions based on a current intake interview completed on November 11, 2016 and additional information provided. This report has been updated based on additional information obtained regarding wages.

The following records and information were reviewed and considered in formulating opinions related to this case:

- Robert Sullivan, MD (Southeast Pain Care)-7/6/15
- Select Physical Therapy (Functional Capacity Assessment)-6/17/15
- William Vandergrift, MD (Medical University of South Carolina)-3/6/15
- The Rehab Center, Inc. (11/14/14)
- Genex Case Management (12/24/13)
- Physiofocus (6/18/14)
- Duke Eye Center
- Roy Majors, MD OrthoCarolina (9/4/13)
- Neal S. Taub, MD-October 2016
- Marshall White, MD

II. Current Medical Providers

Mr. Cardoso is presently being seen by Dr. Neal Taub for pain management and Dr. Marshall White (neurologist) to address cognitive and memory issues.

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III. Family/Social History

Mr. Cardoso is 42 years old and presently resides with his girlfriend and 2 youngest children. The evaluation was conducted at The Law Office of Michael D'Agata in Charlotte, North Carolina.

The clinical intake interview was approximately 1.50 hours in length and a Spanish Interpreter was present to assist with any clarification to questions which were needed. Mr. Cardoso is presently uninsured which has had a significant impact on his ability to seek medical care and purchase medications.

IV. Functional Daily Activities/Physical Capacity:

Mr. Cardoso's chief complaints include;

- Burning type pain in both upper extremities (left greater than right);
- Numbness and burning in the lower extremities which worsens at night and interrupts his sleep;
- Radiating pain into the left lower extremity into the bottom of his foot;
- Low back pain which is "pressure and burning" in nature;
- Vertigo when transitioning from sitting to standing or bending over and rising;
- Pain in left shoulder in the area of the rotator cuff;
- Neck symptoms have improved a little with continued "pulling sensation and cramping" in the frontal aspect of neck;
- Continue to have headaches on a daily basis in the occipital region to the base of his neck;
- Edema in the bottom of his foot which increases dramatically with prolonged standing and walking;
- Changes in weather and climate continues to impact his pain level;

He notes that his most problematic condition are the chronic headaches.

In regard to his functional abilities, Mr. Cardoso is independent with showering, dressing, grooming, toileting, and basic cooking. He typically completes grocery shopping with his girlfriend but can go the grocery to purchase a few items. He estimates his standing tolerance to 30 minutes and can walk approximately $\frac{3}{4}$ mile. He can sit for up to 2 hours with the need to shift and reposition for pain relief. He can lift up to 23 lbs. (daughter) on a very occasional basis. He is able to stoop, kneel and squat on an occasional basis. He is unable to tolerate reaching with both upper extremities above waist level and notes decrease strength (grasping) in the left hand. Mr. Cardoso can lift and carry a 24 count pack

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of water primarily with the right upper extremity (using the left as an assist). He does not feel he could lift a gallon of milk with his left upper extremity.

He estimates that his sleep is interrupted and does take a nap on a daily basis (approximately 1 hour).

Mr. Cardoso reports changes in his memory and mood which has impacted his concentration, relationships, and ability to perform routine activities. Because of the chronic pain he experiences on a daily basis, Mr. Cardoso tends to isolate himself and will become angry at times. He admits to having some depression however denies any homicidal or suicidal ideations. Reports he "thinks a lot about the pain and whether he will improve". His girlfriend worries about his symptoms, the future, and ability to raise 2 young children. Mr. Cardoso admits that he is forgetful and requires reminders to take medication, attend doctors' appointments, etc. He has recently limited his driving due to increased vertigo. Mr. Cardoso is able to tolerate driving short distances to the grocery store and appointments. He continues to experience frustration due to his inability to work and enjoy activities as he did in the past. Mr. Cardoso became tearful during the interview when discussing his current situation.

During the interview, Mr. Cardoso was observed to rub his right and left arms. He was visibly in pain and "reported not having a good day". Mr. Cardoso reported having a headache and neck pain during the meeting. He stood after sitting for 35 minutes. He was able to tolerate driving 15 minutes to his attorney's office with minimal difficulty.

Current medications include; Fentanyl Patches, Nucynta, Lyrica, Amitriptylline, Cymbalta, Belsomra, and Nuvigili

V. Educational/Vocational Background:

As previously stated in a report dated July 27, 2015, Mr. Cardoso completed the 8th grade in Puebla, Mexico. While living in Mexico he worked part-time with his uncle who was an Electrician. He admits that his reading, writing and math in Spanish are adequate to perform all daily tasks. He has a fairly good command of the English language (speaking) but admits he is not as strong in reading English. He came to the United States in 1998 and initially worked in a factory in Georgia. At the time of the accident, he was employed by Hartland Resources as an Electrician. He began working with them in 2008 and was making 19.00 per hour (40 hours) plus overtime. His average weekly wage was 796.04. He worked under the direction of a licensed electrician and performed all duties associated with industrial and commercial electrical work. At times he would "run a crew" working alongside other employees to complete the assignment for that day. He was required to lift in excess of 100 lbs. on a

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regular basis. He was employed as an Electrician Helper with Gilmore Electric from 2006-2008 (14.00 per hour) and with Armado's Electrical (as an Electrician) from 2003-2006 (12.00 per hour). Mr. Cardoso worked with his brother as a Carpenter Helper from 2000-2003 and was paid 11.00 per hour.

Since his original injury, Mr. Cardoso has attempted to return to competitive employment however has not been able to sustain any employment for a significant period of time. He reports that his last employment ended approximately 2-3 weeks ago. Mr. Cardoso worked part-time for approximately 15 months driving a shuttle van transporting individuals to medical appointments. He worked no more than 3-5 days per week averaging 20 hours and was paid 10.00 per hour. His employer, Dillon Transportation was aware of his limitations and the need to take various medications to address his symptoms. It is important to note that he was previously a client who used this transportation service for medical appointments. He attempted to work with his brother performing carpenter work and was unable to complete a full-day due to increased pain and symptoms. Mr. Cardoso would like to return to his chosen occupation but is aware of his limitations and inability to do so. He was unable to identify any other competitive employment which may be suitable given his various symptoms related to the injury.

VII. Vocational Analysis and Opinions:

Based on a combination of factors, it is the opinion of this expert that Mr. Cardoso is unable to maintain competitive employment. His inability to sustain competitive employment is based on a combination of his physical limitations, chronic pain, and cognitive issues. Consultation with Dr. White confirmed that given his memory, concentration, and chronic pain, he would not be able to sustain the concentration, persistence and pace required to successfully return to work.

Occupation	Hourly Rate	Annual Salary (Range)
Electrician Helper	22.00	45,760.00

*This evaluator had the opportunity to communicate with Marc Holcomb with Hartland Resources regarding current wage rates. Current hourly rates for Electricians/Helpers with Mr. Cardoso's experience is 22.00/hour. This does not account for any hours worked beyond 40 each week. Mr. Holcomb reported that Mr. Cardoso was considered an Electrician working under a licensed Electrician. But for the accident, Mr. Cardoso would still be working with Hartland which was confirmed by Mr. Holcomb who stated he was a "very good worker".

Annual Wage Loss: 45,760.00


VIII. Life Care Plan/Medical Summary are attached as exhibits.

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This concludes the report on Mr. Rene Cardoso. Please feel free to contact my office if you have additional questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Julie Sawyer-Little', with a stylized flourish at the end.

Julie Sawyer-Little, M.S., OT/L, CRC, CLCP, ABVE/F

Exhibits Attached:

- Exhibit 1: Life Care Plan
- Exhibit 2: Medical Summary
- Exhibit 3: Curriculum Vitae
- Exhibit 4: Deposition/Trial Appearances
- Exhibit 5: Statement of Compensation

EXHIBIT 1

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LIFE CARE PLAN

Tables

for

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Medical Follow-up/Therapeutic Intervention					
Recommendation	Dosage	Dates	Frequency	Expected Costs (Growth Trends to be determined by Economist)	
Pain Management/Dr. Taub		Beginning: 2016 Ending: Life Expectancy	Every 4-6 times per year; 80.00/visit	320.00-480.00/yr.	
Neurologist		Beginning: 2016 Ending: Life Expectancy	4 times/yr.; 150.00- 180.00	600.00-720.00/yr.	
Counseling Services		Beginning: 2016 Ending: Life Expectancy	20 visits over lifetime; Initial Evaluation 150.00-160.00; 120.00- 150.00 thereafter	2,400.00-3,000.00 (1 time cost)	
Case Management/RN		Beginning: 2016 Ending: Life Expectancy:	1 visit/month; 75.00- 125.00/visit	900.00-1,500.00/yr.	

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Medication					
Recommendation	Dosage	Dates	Frequency	Expected Costs (Growth Trends to be determined by Economist)	
Fentanyl Patches	25 micrograms every 48 hours	Beginning: 2016 Ending: Life Expectancy	Every 48 hours; 205.49- 209.00/month	2,466.00-2,508.00/yr.	
Nucynta	75 mg; 4 times per day	Beginning: 2016 Ending: Life Expectancy	Daily; 756.59- 816.99/month	9,079.00-9,804.00/yr.	
Lyrica	150 mg; 3 times per day	Beginning: 2016 Ending: Life Expectancy	Daily; 552.49- 616.99/month	6,630.00-7,404.00/yr.	
Amitriptyline	25 mg; 1 time per day	Beginning: 2016 Ending: Life Expectancy	Daily; 9.99-11.99/month	120.00-144.00/yr.	
Cymbalta	60 mg; 1 time per day	Beginning: 2016 Ending: Life Expectancy	Daily; 199.47- 223.99/month	2,394.00-2,688.00/yr.	

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Orthotics				
Recommendation	Explanation	Dates	Frequency	Expected Costs (Growth Trends to be determined by Economist)
Dress Shoes		Beginning: 2016 Ending: Life Expectancy	Every 2-4 years; 190.00	48.00-95.00/yr.
Casual Shoes		Beginning: 2016 Ending: Life Expectancy	Every 1-2 years; 140.00	70.00-140.00/yr.
Custom Orthotics		Beginning: 2016 Ending: Life Expectancy	3 Sets; Every 3-5 years 400.00/pair	240.00-400.00/yr.

*Note the above costs reflect 2015 data as the vendor who originally provided the cost is no longer in business. Orthotics and fittings are customized to the individual and therefore would be difficult to obtain from another provider. It has been the experience of this evaluator that generally the prices increase as opposed to declining each year. Therefore, it is felt the price reflects a conservative cost consistent with his needs.

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Diagnostics					
Recommendation	Explanation	Dates	Frequency	Expected Costs (Growth Trends to be determined by Economist)	
Brain MRI without contrast		Beginning: 2016 Ending: Life Expectancy	2 over lifetime; 1,068.00-1,168.00	2,136.00-2,336.00 (total cost)	
Cervical Spine MRI with contrast		Beginning: 2016 Ending: Life Expectancy	2 over lifetime; 1,341.00-2,104.00	2,682.00-4,208.00 (total cost)	
Random Drug Test		Beginning: 2016 Ending: Life Expectancy	4 times per year; 150.00/test	600.00/yr.	

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Companion Services				
Recommendation	Explanation	Dates	Frequency	Expected Costs (Growth Trends to be determined by Economist)
Companion Services	Provide assistance with grocery shopping, meal preparation, negotiating transportation, etc.	Beginning: 2016 Ending: Life Expectancy	2 hours per day; 18.30-19.00/hour	13,359.00-13,870.00/yr.

EXHIBIT 2

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Medical Summary

Provider	Summary of Visit
Neal S. Taub, MD	<p>2/18/16: Initial Visit-Patient is a 41 year old male referred for further pain management related to chronic spine and extremity pain. He was originally injured on the job on 7/16/13. The patient was treated by a board-certified pain specialist and notes that he has had significant improvement in analgesia and functionality with fentanyl in conjunction with Nucynta for breakthrough pain. He notes currently that his pain level is 6/10 and usually worsen with activity and better with rest. The patient notes that he has been able to return to work a few hours per day, primarily driving. The patient was discharged from Southeast pain care as a result of multiple changes in appointments. For this reason the patient presents for further evaluation and management. Plan: The patient is an appropriate candidate for ongoing opioid analgesics as a result of significant benefit noted as well as improved functionality including assistance with household duties, parenting, and working part-time. His current dose of fentanyl will be continued with Lyrica restarted and amitriptyline restarted and Nucynta for breakthrough pain. Re-evaluate him in one month.</p> <p>3/17/16: Patient seen for re-evaluation. He notes ongoing diffuse spinal pain still extending generally from the cervical region to the waist and significant benefit noted with the current regimen. Continue on current regimen and return in 8 weeks.</p> <p>5/12/16: Returns for re-evaluation. Patient notes ongoing diffuse spinal pain still extending generally from the cervical region to the waist. Assessment/Plan: Intractable diffuse thorax and extremity pain status post cervical myelopathy, work-related necessitating chronic opioid analgesics. Continue fentanyl with Nucynta for breakthrough pain. Return in 8 weeks.</p>

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Medical Summary

Provider	Summary of Visit
Neal S. Taub, MD	<p>8/24/16: Returns for follow-up visit. Complains of pain in the thorax and extremity pain which remained generally stable. We will continue fentanyl extended-release agent with Nucynta for breakthrough pain as a result of a very good functionality currently. Including full-time work. He will continue with current regimen and continue with local modalities, walking, stretching, etc. During this visit urine drug screen completed. Return in 12 weeks</p> <p>10/19/16: Patient seen for re-evaluation. Continues to complain of pain in the thorax and extremity. Intensity of pain is 8/10. Reports average pain level during the last week was 6/10. The percentage of my pain relieved during the past week was 50%. The amount of pain relief that I am obtaining is making a significant difference and overall improving the quality of life. We will continue fentanyl extended-releases agent with Nucynta for breakthrough pain. He is doing quite well with the current regimen. He is meeting his analgesic goal of a 40% average reduction in symptoms. He is meeting his functional goals including assistance with parenting. He is meeting his functional goals including household chores and working full-time. Urine drug screen; Return in 12 weeks.</p>

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Provider	Summary of Visit
<p>Health & Rehabilitation Psychologist of Charlotte, P.A. 4/9/14 Dr. Sara McAnulty</p>	<p>Medical Summary</p> <p>Neuropsychological Evaluation: Patient is a 39-year old referred for neuropsychological evaluation by his physician, Dr. Kern Carlton to clarify his neurocognitive functioning and assist in treatment planning. On March 19, 2014, the patient presented for an initial psychological evaluation with Brian O'Malley, Ph.D. It was Dr. O'Malley's impression that the patient was suffering from adjustment disorder with depressive features as well as a cognitive disorder secondary to his injury. Dr. O'Malley also recommended a multifaceted approach to treating his ongoing difficulties and recommended referral to Dr. Carlton. He also recommended neuropsychological evaluation to partial out residual cognitive impairments. Psychotherapy was also recommended to assist with his overall emotional distress.</p> <p>During the current interview, the patient reported difficulties with his cognitive skills. According to the patient, he is "not thinking right or normal". He describes himself as slower in his thinking. With continued focus, he receives a headache. He reported memory difficulties, such as trouble remembering appointments. He reported a tendency to lose and misplace things. He reported sleep difficulties marked by nightmares as well as difficulty falling asleep and staying asleep secondary to an inability to get comfortable. He averages five hours of sleep. He denied any history of depression or anxiety. He denied any current sources of stress in his life. Regarding activities of daily living, the patient notes that he is unable to drive, except for short distances, such as in a parking lot driving his trash to the dumpster. He has difficulties managing his medications, with a tendency to question if he has taken them or not. He is able to prepare simple meals. He describes being fluent in in spoken English and is able to</p>

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Medical Summary

Provider	Summary of Visit
Health & Rehabilitation Psychologist of Charlotte, P.A. 4/9/14-Continued Dr. Sara McAnulty	<p>read simple English, although reports he is unable to write in English. Test results indicate a full-scale intelligence quotient of 67, functioning in the mildly impaired range. General abilities Index of 70 placing his overall intellectual abilities, partialing out the effects of attention and processing speed, in the low average range.</p> <p>Impression/Recommendations: Collectively, the patient's neurocognitive profile revealed difficulties regulating attentional resources. It is likely that various factors are contributing to his difficulty regulating attention. First, the patient presents with various sources of physical pain as well as ongoing headache pain. Pain has certainly been known to disrupt cognition, and attention in particular. Unfortunately, his ongoing pain and sleep difficulties have contributed to fatigue. He did appear notably fatigued in the afternoon session. Thirdly, the patient's mood also appeared to impact his performance. Lastly, pharmacological approaches may also be undermining his cognition. His medication should be reviewed for deleterious effects to his cognitive status. In light of the complexity of the patient's current complaints, the relative contribution of residual cognitive deficits secondary to his brain injury could not be fully partitioned out. However, I would expect that, as he integrates compensatory strategies and tools to address his attention regulation, increase his pain management as well as improve his mood, sleep and fatigue, he will likely see an overall improvement in his cognitive efficiency. Given the complexity of his difficulties contributing to his overall level of functioning, he would be a strong candidate for a functional restoration program that utilizes a more comprehensive approach in increasing his overall level of functioning.</p>

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Medical Summary

Provider	Summary of Visit
Health & Rehabilitation Psychologist of Charlotte, P.A.	<p>3/19/14: Initial Evaluation by Dr. O'Malley; Mr. Cardoso complains of depression secondary to his pain and associated limitations. Mr. Cardoso indicates that he experiences periods of emotional lability. He becomes tearful easily. He indicates that he worries excessively, particularly about the future. He is frustrated by the limitations. He can no longer do many of the things he once enjoyed. Mr. Cardoso complained of the moderate diminution of short-term memory and concentration. He indicates that he experiences lapses in concentration. He indicates that he tires easily with activities involving concentration or reading.</p> <p>Mr. Cardoso is suffering from an adjustment disorder with depressive feature and a cognitive disorder secondary to his industrial injury. At this juncture, Mr. Cardoso requires a multifaceted approach to his current difficulties. Physical medicine and rehabilitation evaluation and management of the sequelae of his spinal cord injury is indicated. Recommend a neuropsychological evaluation.</p> <p>Treatment Records for counseling services: 4/2/14-6/3/14-During these visits Mr. Cardoso continues to endorse difficulty sleeping and chronic pain.</p> <p>6/18/14: CogSmart Progress Note: Introduction and orientation provided. Patient returned to the session reporting that his top three difficulties included headaches, arm and shoulder pain, as well as numbness in his whole body. When asked specifically about cognitive complaints, the patient reported that he worries a lot, is disappointed and has memory difficulty. He identified that his goals were to complete tasks, decrease his worry regarding his prognosis as well as manage his pain better.</p>

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Medical Summary

Provider	Summary of Visit
Health & Rehabilitation Psychologist of Charlotte, P.A.	<p>6/20/14: The patient returned to the session reporting having "lost" his CogSMART book and ultimately did not complete his homework. He presented with considerable difficulty staying attentive and focused during the course of the session. He was frequently off topic. He expressed his belief that he did not believe anything would work to manage his headache or his overall status. Despite coaxing and encouraging him to try these strategies and to apply the material discussed, the patient reported that he did not believe the headache would go away by talking to people. As such, he did leave the program early.</p>
	<p>6/24/14: Returns for individual psychotherapy today. Mr. Cardoso indicates that he experienced a syncopal episode earlier this week. He indicates that he was sitting in his car cleaning the console. He had placed the car in reverse but had his foot on the brake. He had his left foot outside the car. He remembers placing his left leg in the car. His next recollection was that the car had rolled down his driveway and struck a car across the street. He had no awareness that the car was moving. He indicates that his girlfriend observed the incident and indicated to him that he was slumped in the seat. He was advised that he should only drive if he believed that he was safe to do so.</p>
	<p>7/1/14: Returns for therapy. Reported increased full body pain, with the majority of intense pain occurring from the waist up, but with increasing pain and numbness occurring throughout the body. Mr. Cardoso demonstrated a great deal of pain behavior, as characterized by fixation on forehead. He appears resistant to the therapeutic process, and asked if he could be dismissed from the presence of this writer. He presented today with subdued mood. Affect appears blunted.</p>

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Medical Summary

Provider	Summary of Visit
Select Physical Therapy Adam Strickley, PT	6/17/15: Mr. Cardoso demonstrated the ability to occasionally lift up to 30 lbs. floor to waist, 20 lbs. waist to shoulder, carry up to 30 lbs. Demonstrated constant sitting, frequent standing and occasional walking. Deficits identified during testing includes upper and lower extremity weakness and limited AROM which limited his ability to overhead reach with his left arm. Rene Cardoso demonstrated inconsistent performance with material handling and positional tolerance testing. This, in combination movement and muscle recruitment patterns while both aware and unaware of observation, indicates that the results of this evaluation can be considered to be minimal levels for Rene Cardoso's functional abilities and greater levels may be possible.